

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10758841 FILING DATE 1-14-04
APPLICANT

BEST AVAILABLE COPY

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
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46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.	1	↓	↓	↓	↓	↓
TOTAL DEP.	1	←	←	←	←	←
TOTAL CLAIMS	1	██████	██████	██████	██████	██████

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	1					
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99						
100						
TOTAL IND.	8	↓	↓	↓	↓	↓
TOTAL DEP.	44	←	←	←	←	←
TOTAL CLAIMS	52	██████	██████	██████	██████	██████